



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/6/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		Kara K. Anspach Insurance Agency, Inc. 10049 E Dynamite Blvd #135 Scottsdale, AZ 85262		CONTACT NAME: Kara K. Anspach PHONE (A/C, No. Ext): (480) 998-8070 FAX (A/C, No): (480) 951-3519 E-MAIL: kara@karains.com ADDRESS:	
INSURED		Mesquite Grove Estates C/O Real Manage 16625 S Desert Foothills Parkway Phoenix, AZ 85048		INSURER(S) AFFORDING COVERAGE INSURER A: Truck Insurance Exchange INSURER B: PMA Companies INSURER C: INSURER D: INSURER E: INSURER F:	
				NAIC #	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:
 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60238 66 18	1/31/2026	1/31/2027	EACH OCCURRENCE	\$ 1,000,000	
	DAMAGE TO RENTED PREMISES (Ea occurrence)						\$ 75,000		
	MED EXP (Any one person)						\$ 5,000		
	PERSONAL & ADV INJURY						\$ Included		
	GENERAL AGGREGATE						\$ 2,000,000		
	PRODUCTS - COMP/OP AGG						\$ 1,000,000		
							\$		
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)		\$	
<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY		<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY				BODILY INJURY (Per person)		\$	
						BODILY INJURY (Per accident)		\$	
						PROPERTY DAMAGE (Per accident)		\$	
								\$	
UMBRELLA LIAB		OCCUR				EACH OCCURRENCE		\$	
EXCESS LIAB		CLAIMS-MADE				AGGREGATE		\$	
DED		RETENTION \$						\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N N / A	2025011575224Y	1/31/2026	1/31/2027	PER STATUTE	OTHE- R		
						E.L. EACH ACCIDENT		\$ 1,000,000	
						E.L. DISEASE - EA EMPLOYEE		\$ 1,000,000	
						E.L. DISEASE - POLICY LIMIT		\$ 1,000,000	
A	Directors & Officers	<input checked="" type="checkbox"/>		60238 66 18	1/31/2026	1/31/2027			1,000,000
A	Fidelity Bond	<input checked="" type="checkbox"/>		60238 66 18	1/31/2026	1/31/2027			550,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

205 single family homes/HOA located at: Gilbert AZ 85249- \$50,000 trees and shrubs coverage
 Common Areas Only/PUD common elements coverage/ Extended Replacement Cost at 150%

CERTIFICATE HOLDER

CANCELLATION

Mesquite Grove Estates C/O Vision Community Management as additional insured 16625 S Desert Foothills Pkwy Phoenix AZ 85048		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Kara K. Anspach
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